

From Vietnam to COVID-19: 58 Years of Service in Navy Medicine

U.S. Navy Bureau of Medicine and Surgery

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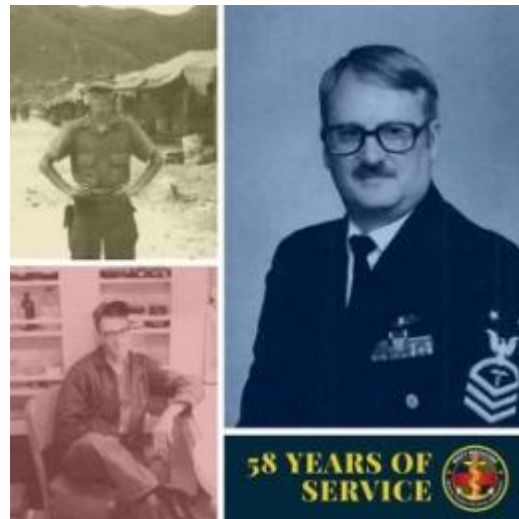
It was the summer of 1963.

President John F. Kennedy and Dr. Martin Luther King, Jr. delivered two of the most important speeches in American history.

The Beatles were basking in their new found fame with the release of their first album Please Please Me. They were still largely unknown in the United States.

The U.S. Postal Service was initiating the Zone Improvement Plan, better known as “ZIP codes” to allow for faster sorting of mail.

And an 18-year old named James A. Anderson embarked on a career in Navy Medicine that would last 58 years.



In September 2021, James Anderson retired from OPNAV’s Medical Operations, Plans and Strategy Division (N0931), after nearly three decades working as a civilian program analyst. What is all the more remarkable is that this was a second career for Anderson who first began his Navy journey in June 1963. Over the next thirty years Anderson served as a Hospital Corpsman with the Marines, and both shipboard and ashore.

“I first became aware of Navy Medicine when I enlisted in the High School Recruit program,” recalled Anderson. “I have always had an interest in science so I had no problems being a Hospital Corpsman.”

Following Hospital Corps School in Great Lakes and practical instruction at Naval Hospital Camp Lejeune he received orders to Vietnam. Anderson went through Field Medical Service Training at Camp Johnson before joining up with 1st Battalion 3rd Marine Division in Okinawa. He arrived in-country, north of Da Nang in November 1965.

As a Corpsman with the 3rd Marines, Anderson helped provide essential medical support to 5,000+ Marines then in theater. He was assigned to Bravo Company battalion aid station at Chu Lai before reporting to Charlie Company as the Marines moved into Khe Sanh. Anderson’s role as Corpsman was to attend to casualties, administer first aid and apply life-saving resuscitative techniques as the conflict became more violent and widespread.

When he returned from deployment in November 1966, Anderson was looking to build on his skills while having greater autonomy over decision-making. Following reenlistment, he looked to the “pinnacle of the Hospital Corps” and became a Surface Independent Duty Corpsman (IDC).

“IDCs had a good reputation,” related Anderson. “We had to share information and ideas. There was no internet connections or Telemedicine that today’s IDC’s have. We had to rely on radio communications when at sea. IDCs had to make the initial assessment on a patient and decide if they could be treated on board, sent ashore or to a ship with a medical officer.” As an IDC, Anderson served aboard USS Detector (MSO-429) and USS Bigelow (DD-942). He recalls treating cases of pneumonia, hypertension and one heart attack aboard ship.

By his third enlistment Anderson got married and decided that he was going to remain in the Navy. Over the ensuing years he served as medical department administration officer aboard USS Fulton, at the USS Reserve Duty Center, Colorado Springs, Colo., Bureau of Medicine and Surgery (BUMED), then located in Washington, DC and finally N931 for the start of Operation Desert Shield/Desert Storm.

The Gulf War marked the largest deployment of Navy medical personnel since World War II. And the days in medical planning and operations were long. Anderson remembers opening the office each morning at 0500. "I would begin my rounds Navy Command Center and National Military Command Center for the daily SITREPS and briefs then to COMM Center for messages," recalled Anderson. "I would sort the messages, place in binders for the Surgeon General and Deputy when they came in. We had standalone computers so the only way to share work was to copy to a disk or printed out on a dot matrix printer. There was no network or internet. Letters and messages had to be done on an IBM Selectric Typewriter."

Anderson retired as a Master Chief on August 1, 1993. The following year, he returned as a civilian working for the Director, Medical Resources, Plans and Policy Division (N0931). He credits his enlisted career experiences for providing him the knowledge and skillset for success in his civilian career.

"My tours with the Marines and on-board ships helped me understand medical support to the Operating Forces," explained Anderson. "And my tour at BUMED and OPNAV helped me understand how Navy Medicine operates."

Over the next decades Anderson was the one constant at N931—through September 11th, the wars in Iraq and Afghanistan, the trials of divestiture and the tribulations of the COVID-19 pandemic. As the primary assistant to Navy Medicine's medical planning team Anderson was the valued medical expert provided health services support and advisement to the Navy Surgeon General and OPNAV N3/5 on expeditionary medical operations, global force management and sourcing deployment requirements.

Anderson acknowledges that the biggest challenges in recent years has been working in what has increasingly been a joint environment, learning how other medical services are structured and new data systems. He points out that most of the drastic changes to Navy Medicine have taken place over the last 30 years.

"Most of the changes to Navy Medicine occurred after the collapse of USSR," said Anderson. "We reduced our Fleet Hospitals both in size and numbers and rebranded as Expeditionary Medical Facilities (EMFs). We added Forward Deployed Preventive Medicine Units (FDPMPUs) and other smaller capabilities. Joint medical facilities were created, some hospitals were downsized to clinics; others were closed as bases closed. We had to provide the same level of services with a smaller force." Anderson has seen it all.

Rear Adm. Gayle Shaffer, the Deputy Surgeon General, has worked alongside and known Jim Anderson during much of his civilian career and sees him as vital to the success Navy Medicine has had during these years.

"Some of the very best, and most senior medical planners across the enterprise cite Jim as a source of mentorship, leadership and teaching," stated Shaffer. "His contributions over the last 27 years of civil service provided extraordinary benefit and positively impacted the readiness of our Navy Medicine beyond measure."

After 58 years in Navy Medicine the one piece of advice he would give himself back in 1963 is always "be prepared for change" and "take responsibility for your career path."

"Remember only you are responsible for your career path," said Anderson. "I told all my sailors that if you expect to make it in the Navy, you cannot rely on others but on yourself."

Admiral Shaffer puts it best when reflecting on Anderson's lengthy career and legacy. Quoting legendary baseball executive and hall of famer Branch Rickey: "'It is not the honor you take with you, but the heritage you leave behind.' And, the heritage Jim Anderson leaves behind is indeed a great one, especially when I think of all those he has trained, mentored and guided."